



DIVISON: NC DHHS Privacy and Security Office	POLICY NAME: Verification of External Requestors
PAGE: 1 of 3	REPLACES POLICY DATED: None
EFFECTIVE DATE: 03/25/19	ORIGINAL EFFECTIVE DATE:
REVISED DATE:	APPROVED DATE: 03/22/19
APPROVED BY: Pyreddy Reddy, CISO; Sam Gibbs, Deputy Secretary IT Operations	

SCOPE:

This policy applies to all NC DHHS workforce members who perform duties in conjunction with the access and distribution of protected health information (PHI) and Personally Identifiable Information (PII).

DEFINITIONS:

Workforce Member- Employees, volunteers, trainees, and other persons who conduct performance of work for a healthcare component regardless if they are paid or not paid by the covered entity.

Protected Health Information (PHI)- Any individually identifiable health information, including genetic information and demographic information, collected from an individual that is created or received by a covered entity.

Personally Identifiable Information (PII) - Information which can be used to distinguish or trace an individual's identity alone (name, social security number, biometric records, etc.) or when combined with other personal or identifying information which is linked or linkable to a specific individual.

Disclosure- The release, transfer, provision of access to, or exposing of PHI in any other manner outside of the entity holding the information.

Covered Entity- a health plan, health care clearinghouse, or a health care provider who electronically transmits any protected health information (PHI) in connection with transactions that include medical, billing payment, or insurance coverage for which HHS has adopted standards.

PURPOSE:

To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (45 CFR 164.514) by establishing guidelines to verify an external entity's or an individual's authority to access protected health information (PHI) and personally identifiable information (PII).

POLICY:

In accordance with 45 CFR 164.514(H), NC DHHS workforce members will maintain confidentiality by obtaining identity verification of any external person or entity requesting the use and/or disclosure of PHI or PII either in person, verbally, or by written request.



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PROCEDURE:

NC DHHS workforce members must verify the identity of any external person or entity through one of following verifications listed below. These procedures provide a means to verify identity in accordance with HIPAA federal requirements.

1. Patient or Patient Representative Requestors

The following are approved methods for identity verification (any **one** of the following two options):

- a. Valid State/Federal Issued Photo ID (*i.e.*, passport, government ID, state driver's license)
- b. Requestor must provide a **minimum of three** patient identifiers from the following list of acceptable identifiers below verbally or in writing as applicable:
 - Patient Social Security Number or last 4 digits of SSN (**required**)
 - Patient Date of Birth (**required**)
 - Any **one** of the following:
 - Street Address
 - Medical Record Number
 - Birth Certificate

2. Third-Party Requestors

To verify if a requestor is truly a representative of the third party and that the request is on behalf of the third party, the following elements should be taken into consideration when reviewing the disclosure request:

- **Letterhead:** Request is on official company printed letterhead and PHI is to be mailed or faxed to the address or number printed on the letterhead and the address or number has been verified.
- **Email Address:** Request is received via e-mail from an e-mail address that identifies the third-party company (*e.g.*, Jxxx.Dxx@Cigna.com) and the domain name has been verified. Ensure all PHI and PII disclosed via email is secured (DLP, ZixMail).



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- **Fax Coversheet with Company Logo:** Requested information is mailed or faxed to mailing address or phone number contained in the coversheet.
- **Photo ID:** with official credentials when a third-party request is made in person (*e.g.*, Law Enforcement and Public Officials).

3. **Verification of Public Officials**

Public officials or someone acting on the official's behalf should have a **minimum of two** of the following:

- a. Presentation of agency identification badge or credentials
- b. Proof of government status (*e.g.*, photo ID issued by a government agency).
- c. A request written on the appropriate government letterhead.
- d. A written statement on the government letterhead written request that the person making the request is acting under the government's authority (*e.g.*, a nonprofit company hired by a county health department to compile statistics on West Nile Virus).

Exceptions to the Verification Requirement

- Disclosures from the facility directory
- Disclosures for disaster relief purposes
- Disclosures for the involvement in the patient care

REFERENCES:

-Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information, 45 CFR 164.514 (H).